

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Amend Class C Taxi Certificate

Zahir Ali-Malik Ali DBA Full Service Taxi

237354

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2012 - 212 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Zahir Ali-Malik Ali Telephone: (843) 303-2043

Address: 2145 South Palmetto Circle Fax: _____

Al Chas, S.C. 29406 Other: _____

Email: z.malik885@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted
<input type="checkbox"/> Application - Class C Taxi
<input type="checkbox"/> Application - Class C Charter
<input type="checkbox"/> Application - Class C Charter Bus
<input type="checkbox"/> Application - Class C Non-Emergency
<input type="checkbox"/> Application - Class C Stretcher Van
<input type="checkbox"/> Application - Class E Household Goods
<input type="checkbox"/> Application - Class E Hazardous Waste
<input type="checkbox"/> Application
<input type="checkbox"/> Request for Extension to Comply with Order
<input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
<input type="checkbox"/> Request for Cancellation of Certificate
<input type="checkbox"/> Request for Suspension
<input type="checkbox"/> Request for Reinstatement | <input checked="" type="checkbox"/> Request for Name Change on Certificate
<input type="checkbox"/> Request to Amend Scope of Authority
<input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)
<input type="checkbox"/> Request to Amend Passenger Limit
<input type="checkbox"/> Request
<input type="checkbox"/> Exhibit
<input type="checkbox"/> Late-Filed Exhibit
<input type="checkbox"/> Letter
<input type="checkbox"/> Proposed Order
<input type="checkbox"/> Publisher's Affidavit
<input type="checkbox"/> Reservation Letter
<input type="checkbox"/> Response
<input type="checkbox"/> Return to Petition
<input type="checkbox"/> Other: _____ |
|---|--|

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



RECEIVED
PSC
MAIL/DMS

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896-5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

DATE: June 22, 2012

I have the following Certificate:

☒ Class C Taxi # 8610 ☐ Class C Charter # ☐ Class C Charter Bus #
☐ Class C Non-Emergency #

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Zahir Ali-Malik

DBA: Full Service Taxi

(Current Name)

(Current DBA if applicable)

TO:

Full Service Taxi, LLC
 (New Name)

DBA:

N/A

(New DBA if applicable)

☐ Scope of Authority

From: N/A

To:

(Current Scope)

(New Scope)

☐ Passenger Limit

From: N/A

To:

(Current Limit Number)

(New Limit Number)

(*) Zahir Ali
 Name & DBA if DBA is applicable)

(*) 245 South Bland Circle
 (Street and/or Mailing Address)

(*) R.L. Chas, S.C. 29406
 (City, State, Zip Code)

(*) Zahir Ali
 (Signature)

(*) 843-303-2045
 (Telephone Number)

(*) President
 (Title) Owner, President, etc.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

FULL SERVICE TAXI, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 2nd, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
25th day of May, 2012.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State